

Prescription Drug Program

\$8/\$15/\$25



UFCW Health and Welfare Fund of Northeastern Pennsylvania Schott North America – Premium PPO (480321B4)

The Prescription Drug Program is a comprehensive benefit that provides coverage for prescription drugs¹ when prescribed by a licensed, practicing physician. The Program is based on an incentive formulary that includes all generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results, and value. Generic drugs are just as effective as brand drugs and result in the lowest cost sharing for you. Ask your physician whether generic drugs are right for you.

Benefit	Coverage
In-Network – Preferred Pharmacy - Retail Pharmacy - Member Cost Sharing	
Generic	\$8 Copayment
Brand Formulary	\$15 Copayment
Non-Formulary Brand	\$25 Copayment
In-Network – Non-Preferred Pharmacy - Retail Pharmacy - Member Cost Sharing	
Generic	20% Copayment (\$16min / \$32max)
Brand Formulary	25% Copayment (\$30min / \$60max)
Non-Formulary Brand	25% Copayment (\$30min / \$60max)
Mail Order Pharmacy - Member Cost Sharing	
Generic Formulary	\$16 Copayment (1-90 days supply)
Brand Formulary	\$30 Copayment (1-90 days supply)
Non-Formulary Brand	\$50 copayment (1-90 days supply)
Dispensing Limits	
Retail	Up to a 30-days supply
Mail order	Up to a 90-days supply
Max Out Of Pocket (OOP)	
\$6,050 – individual	
\$12,100 – family	
One person or a combination of people can meet the family OOP.	

¹ This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, refer to your summary plan description.

Benefit	Coverage
Mandatory Generic	<p>When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and you will be responsible for the member cost sharing for a brand drug.</p> <p>When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If you choose to purchase a brand drug, you will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate member cost sharing for a brand drug.</p>
Prior Authorization	To qualify as a covered benefit and ensure that the drug prescribed is medically appropriate, certain drugs require prior authorization. As a member, your physician can initiate prior authorization for these medications if they are medically appropriate.

What's Not Covered?

- Dietary aids, cosmetics or other health or beauty aids.
- Hypodermic needles or syringes.
- Diabetic supplies (i.e. lancets, test strips, meters, needles and syringes).
- Non-legend vitamins.
- Vaccines, immunological or serological agents. (Standard vaccines are not covered, however influenza vaccines are covered).
- Injectable drugs, unless they are pre-authorized.
- Medical appliances, such as back braces, cervical collars or bandages, etc.
- Prescriptions for conditions covered under Workers' Compensation or to the extent paid under a plan or policy of motor vehicle insurance or payable under the Pennsylvania Motor Vehicle Financial Responsibility Law.
- Charges for the administration of any drug.
- Drugs that are not medically necessary or appropriate for the condition diagnosed.
- Drugs that are considered experimental or investigational.
- Any prescription that is filled at a pharmacy that is not on-line with OptumRx.
- Items lawfully obtainable without a prescription, except for certain over-the-counter (OTC) medications, as determined by OptumRx.